CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH - FR **DESIGNATION OF FINAL REPORT** The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" •• 2 ACCOUNT # (Ethics Commission filers) C/OH NAME I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file Signature of Candidate / Officehold FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are a candidate **CAMPAIGN FUNDS** Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. В. **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate **OFFICEHOLDER** -- Complete this section only if you are an officeholder --I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. On

Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET DC 1

CAMPAIG	IN FINANCE REPORT		COVER SHEET PG 1
The C/OH INSTRUCTION THIS form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	Mr. Timothy	мі Н.	OFFICE USE ONLY
NAME	NICKNAME LAST Bannwolf	SUFFIX	Date Received
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CIT	SAT 78248	Date Hand-delivered or Date Postmarked
Change of Address			
5 CAMPAIGN TREASURER NAME	Mr. Richard	P.	Receipt # Amount
MAINE	NICKNAME LAST	SUFFIX	Date Processed
	Ojeda		Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX PLEASE). APT / SUIT	- 1 - 1 - 1 - 1	ZIP CODE 8248
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 493-0516	EXTENSION	
8 REPORTTYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROU	JGH OI/IS	Year / O Z
10 ELECTION	Month Day Year ELECTION TYPE 05/05/01 Primary		General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (If know	/n)
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expen Candidates are required to disclose this information or		
EXPENDITURE BY OTHER INDIVIDUALS	Name		
	Address / PO Box; Apt. / Suite #: City: State, Zi	ip Code	6 , -
additional pages	- - -		
	GO TO F	PAGE 2	16

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	mothy H	. Bannwolf	15 ACCOUNT #(Ethics Commission flens)
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice or may have been made with	political expenditures by political committees to support out the candidate's or officeholder's knowledge or consent. receive notice of such expenditures.	the candidate / officeholder. These expenditures Candidates and officeholders are required to report
OCIVILATI (EL(G)	COMMITTEE TYPE COM	MITTEE NAME	
	GENERAL COM	MITTEE ADDRESS	
	SPECIFIC	MITTEE CAMPAIGN TREASURER NAME	
additional pages	COM	MITTEE CAMPAIGN TREASURER ADDRESS	
7 NO REPORTABLE ACTIVITY	Check here if no repo	ortable activity occurred during this reporting period. (Sign a	ffidavit below and submit pages 1 and 2 only.)
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHE PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS I		ICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER ANS, OR GUARANTEES OF LOANS), UNLESS ITE	THAN SMIZED \$
		ITICAL CONTRÍBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$16,550.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS. UNLESS ITEMIZED		
	4. TOTAL POL	ITICAL EXPENDITURES	\$ 8,036.63
OUTSTANDING LOAN TOTALS	5. TOTAL PRINC LAST DAY OF	IPAL AMOUNT OF ALL OUTSTANDING LOANS AS THE REPORTING PERIOD	\$ 8,036.63 \$ 20,000.00
9 AFFIDAVIT			
			alty of perjury, that the accompanying report es all information required to be reported by ode.
GLE NOTAL M	NDA L. STARR Y PUBLIC, STABE OF TEXAS COMMISSION EXPIRES EBRUARY 25, 2005	Signature of	A.B. Candidate or Officeholder
AFFIX NOTARY STAMP	SEAL ABOVE		7
		idTIMOTHY H. BANNWOLF	this the 15th day
of January 20	02 to certify w	nich, witness my hand and seal of office.	

GLENDA L. STARR

Printed name of officer administering oath

Signature of officer administering oath

Notary Public, State of Texas

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

				SC-SPAC, SPAC, & SPAC-SS)
The Instruction	Guide explains how to complete this form.		1 Total pages this S	Schedule A1:
2 FILER NAME	Timothy H. Bannwe 5 Full name of contributor Out-of-state PAC (ID#:_	olf	3 ACCOUNT # (Eth	ics Commission filers)
4 Date 7/27/01	5 Full name of contributor out-of-state PAC (ID#: James & Allison H 6 Contributor address; City: State; Zip Code 110 E. Crockett S	ayne	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	ation (Optional)	10 Employer (Option:	al)	
7/27/01	Full name of contributor out-of-state PAC (ID#:	ne	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Option	al)	
Date 8/1/01	Full name of contributor out-of-state PAC (ID#: Steves Contributor address: City; State: Zip Code P.O. Drawer S SA	T 78211	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Optiona	al)	
8/6/01	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Optiona	al)	
Date 8/27/01	Full name of contributor out-of-state PAC (ID#: Vaughan Meyer Contributor aedress; City; State; Zip Code P.O. Box 6985 S/	47 78209	Amount of contribution (\$)	In-kind contribution description (if applicable).
Principal occupa	ation (Optional)	Employer (Optiona	al)	
If contril	ATTACH ADDITIONAL COPIE butor is out-of-state PAC, please see instru			ng requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

OTTL	THAN ELDOLO ON LOAN			SC-SPAC, SPAC, & SPAC-SS)
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAME	Timothy H. Bannwo	15	3 ACCOUNT # (Ett	nics Commission filers)
4 Date 9/13/01	5 Full name of contributor out-of-state PAC (ID#: Philip & Diane Pfe 6 Contributor address; City; State; Zip Code 300 Convent SA	eiffer	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable) Loan Pyoff
Principal occup	pation (Optional)	Employer (Option	al)	
Date 12/1/01	Full name of contributor out-of-state PAC (ID#:	arner	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Option	al)	
	ATTACH ADDITIONAL COPIE	S OF THIS FORM A	AS NEEDED	

POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: The Instruction Guide explains how to complete this form. 2 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) 4 Date Amount 6 Payee address; City; State; Zip Code un Crest SAT Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office held Repayment of Loan Date Payee name **Amount** Herb & Cacilie Bannwolf Payee address; City: State; Zip Code (\$) Courtside Circle SAT Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office sought Office held Repayment of Loan Date Amount (\$) Faun Crest Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Repayment of Loan On Date Amount (\$) Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office sought Office held Trepayment of Loan ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Date Amount 9/17/01 6 Payee address; City; State; Zip Code Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office held Date Amount (\$) Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH -required.) Candidate / Officeholder name Office squaht Office held lepaym Date Amount (\$) 12/11/01 Faun Crest Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office held Office sought Date Amount __(\$) City; State; Zip Code Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office held Repayment of Loan ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Form approved 09	/01/1997 by Tex 	as Ethics	Commissi	οπ	1-8	00-325	-8506
CANDIDATE/OFFICER CAMPAIGN FINANCE	HOLDER REPORT			=	Cover	FORM Sheet	==== С/ОН Рд 1
	[1] Acc	ount #:	00000000	[2] Total	Pages	Filed:	2
[3] CANDIDATE/ S OFFICEHOLDER N NAME	Last: Bannwolf					Midd	le: H
[4] CANDIDATE/ I OFFICEHOLDER I ADDRESS () Change of A	Line 1: 1707 Fa Line 2: City: San Anto Address	onio		State: TX	Suite: Zip:	78248	
[5] CAMPAIGN TREASURER NAME	Title: Mr. Nickname: Last: Ojeda		First: Ric Suffi			Middl	le: P
[6] CAMPAIGN I TREASURER I	Line 1: 1719 Fav	wn Gate		State: TX	Suite:		
[7] CAMPAIGN TRE							
[8] REPORT TYPE:		 01/01/ 0 1	THROUG	SH 06/30/ ©	 1		
[10] ELECTION DA	ATE:	05/05/01	ELECTI	ON TYPE: N/	* G.	l	
[11] OFFICE HELD							
[12] OFFICE SOUG							
[13] DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct camade by other approval. Campaign exp	ampaign eners without Candidates if they :	xpenditure ut the can s are requ receive no	didate's pr ired to dis	ior cor close t	nsent o	r for-
NAM ADDRES				Sui	te:		
() additional pages							
	ATTACH ADDITIO	NAL COPIE	ES OF THIS	FORM AS NE	EDED		===
!	ONLY!	Receipt #	+				<u>!</u>
! ! !				Amo			! ! !

لأخراءه عجريها

C/OH REPORT: SUPPORT & TOTALS FORM C/OH Cover Sheet Page 2 [14] C/OH Name: Bannwolf, Timothy H. CHARLES ANTONIO [15] Account: 00000000 [16] SUPPORTING ** This listing includes political expenditures by political POLITICAL committees for candidates or officeholders. These expendi-COMMITTEES tures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ** Committee Type (General or Specific): Specific Committee name: Bannwolf for Mayor Committee Committee address: 16350 Blanco, \$117-137 San Antonio
Committee Treasurer: Ruben Escobedo
Treasurer address: 745 E. Mulberry, TX 78232 San Antonio [17] NO REPORTABLE (\checkmark) Check here if no reportable activity occurred during this reporting period. (Sign affidavit below) [18] CONTRIBUTION 1. Total political contributions of \$50 \$0.00 TOTALS or less (other than pledges, loans or guarantees of loans) unless itemized 2. TOTAL POLITICAL CONTRIBUTIONS \$0.00 (other than pledges, loans, or guarantees of loans) EXPENDITURE 3. Total political expenditures of \$50 \$0.00 TOTALS or less, unless itemized 4. TOTAL POLITICAL EXPENDITURES \$0.00 OUTSTANDING 5. Total principal amount of all outstanding \$0.00 loans as of the last day of the reporting period [19] AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. SANDRA A BELTRAN
Notan Prove State of Texas
10.00 mm mon Excites
1.002 Affix Notary Stamp/Seal Above Signature of Candidate or Ciffceholder Sworn to and subscribed before me, by the said)(how) but on this the little day of hand and seal of office. Signature of officer administering oath

Signature of officer administering oath

Signature of officer administering oath

Signature of officer administering oath

My Commission Expires
JUNE 21, 2003

Form approved 09/01/1997 by Te	xas Ethics Commission	1-800-325-8506
CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT		FORM C/OH Cover Sheet Pg 1
[1] Acc	Count #: 00000000 [2] Tot	al Pages Filed: 2
[3] CANDIDATE/ Title: Mr. OFFICEHOLDER Nickname: NAME Last: Bannwol:	Suffix:	
[4] CANDIDATE/ Line 1: 1707 Fa OFFICEHOLDER Line 2: ADDRESS City: San And () Change of Address		Suite: TX Zip: 78248
[5] CAMPAIGN Title: Mr. TREASURER Nickname: NAME Last: Ojeda	First: Richard Suffix:	
[6] CAMPAIGN Line 1: 1719 Fa TREASURER Line 2: ADDRESS City: San Ant		Suite:
[7] CAMPAIGN TREASURER PHONE:		
[8] REPORT TYPE: July 15th Rep	01/01/ 0 : THROUGH 06/30	
[10] ELECTION DATE:		
[11] OFFICE HELD (if any):		
[12] OFFICE SOUGHT (if known)	Mayor	
CAMPAIGN made by oth EXPENDITURE approval. BY OTHER mation only	campaign expenditures are cancers without the candidate's Candidates are required to rif they receive notificating the canditure. **	s prior consent or disclose this infor-
NAME: ADDRESS:		Suite:
() additional pages		
	ONAL COPIES OF THIS FORM AS	
OFFICE USE ONLY!	!Receipt #	!
: !	! !HD/PM	1

4. ...3. na. - 4

FORM C/OH Cover Sheet Page 2 C/OH REPORT: SUPPORT & TOTALS [14] C/OH Name: Bannwolf, Timothy H. C. ANTONIO [15] Account: 00000000 [16] SUPPORTING ** This listing includes political expenditures by political POLITICAL committees for candidates or officeholders. These expendi-COMMITTEES tures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ** Committee Type (General or Specific): Specific Committee name: Bannwolf for Mayor Committee Committee address: 16350 Blanco. \$117-137 TX 782**32** San Antonio Committee Treasurer: Ruben Escobedo Treasurer address: 745 E. Mulberry, San Antonio [17] NO REPORTABLE () Check here if no reportable activity occurred during ACTIVITY this reporting period. (Sign affidavit below) _____ [18] CONTRIBUTION 1. Total political contributions of \$50 \$0.00 TOTALS or less (other than pledges, loans or quarantees of loans) unless itemized 2. TOTAL POLITICAL CONTRIBUTIONS \$0.00 (other than pledges, loans, or guarantees of loans) EXPENDITURE 3. Total political expenditures of \$50 \$0.00 TOTALS or less, unless itemized 4. TOTAL POLITICAL EXPENDITURES \$0.00 OUTSTANDING 5. Total principal amount of all outstanding \$0.00 loans as of the last day of the reporting period LOAN TOTALS [19] AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct SANDRA A BELTRAN and includes all information required to be Notary Pubes State of Texas reported by me under Title 15, Election Code. Affix Notary Stamp/Seal Above Signature of Candidate or officeholder this the 16.4h day of July , 1920, to certify which, witness my hand and seal of office. Signature of officer Print name of officer administering oath administering oath administering oath administering oath Print name of officer administering oath administering oath administering oath Print State of State My Commission Expires

JUNE 21, 2003

P.O. Box 12070

CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT# (Ethics Commission)	2 Total pages filed:
3 CANDIDATE / TITLE FIRST OFFICEHOLDER	OFFICE USE ONLY
Mr. Timothy NICKNAME LAST Bannwolf	SUFFIX Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; OFFICEHOLDER ADDRESS Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; STATE; SAT	78248 Date Hand-deliver or Dat
5 CAMPAIGN TREASURER NAME Mr. NICKNAME LAST Ojeda	P. Receipt # A A A A A A A A A A A A A A A A A A
6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; TREASURER ADDRESS (Residence or business) 1719 Fawn Gate 5 A	STATE: ZIP CODE
7 CAMPAIGN TREASURER PHONE NUMBER EXTENSION (210) 493-0516	•
8 REPORT TYPE January 15 July 15 8th day before election Exceeded	15th day after campaign treasurer appointment (officeholder only) \$500 limit Final report (Attach C/OH - FR)
9 PERIOD Month Day Year THROUGH O	3/26/01
10 ELECTION Column Column	General Special
	OUGHT (if known)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE OF DIRECT Candidates are required to disclose this information only if they receive notification on the control of	
BY OTHER Name INDIVIDUALS	
Address / PO Box; Apt. / Suite #; City; State; Zip Code additional pages	
GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	mothy	H. Bannwolf	15 ACCOUNT #(Ethics Commission filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	tice of political expenditures by political committees to support the ce e without the candidate's or officeholder's knowledge or consent. Car if they receive notice of such expenditures. •• COMMITTEE NAME	
	COMMITTEE TYPE	Bannwolf for May	
additional pages	SPECIFIC	16350 Blanco Rd. COMMITTEE CAMPAIGN TREASURER NAME Ruben Escobedo COMMITTEE CAMPAIGN TREASURER ADDRESS	
		745 E. Mulberry, S	te. [[]
17 NO REPORTABLE ACTIVITY		no reportable activity occurred during this reporting period. (Sign affida	vit below and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITE	\$ 20 C
	4. TOTAL	POLITICAL EXPENDITURES	RECORD OF S
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O AY OF THE REPORTING PERIOD	S CLERN AN AN
19 AFFIDAVIT			2:
WILLIAM S	RY POOR	•	of perjury, that the accempanying peport all information required to be reported by e.
N SAME OF A	A SOURCE STATE OF THE PARTY OF	Si-T	3-60
AFFIX NOTAN A	RES 2005	Signature of C	andidate or Officeholder
Sworn to and subscrit	bed before me, by	the said //M BANNWOIF	, this the day
of 1,2	0 <u>0 </u>	tify which, witness my hand and seal of office.	
Signature of officer ad	Immission of the	NoRMA 5. ANKIANE V Printed name of officer administering oath	Notary Public/City Title of officer administering oath
<u> </u>		_	Payingd 05/11/2000